

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>25267</b>	2. Fiscal Year Covered From: <b>01 / 01 / 05</b> Through: <b>12 / 31 / 05</b>
3. Name and address of person filing. Name <b>Anthony L. Hurd</b> P.O. Box, Bldg., Room No., if any Street <b>3151 Livingston</b> <b>Cleveland</b> City <b>Ohio</b> <b>44120</b> State <b>OH</b> ZIP Code + 4	4. Name, file number, and address of labor organization. Name <b>Plumbers L455</b> Labor Organization File Number <b>011784</b> P.O. Box, Building and Room Number, if any Street <b>980 Keynote Circle</b> City <b>Brooklyn Hts.</b> State <b>OH</b> ZIP Code + 4 <b>44131</b>
5. Position in labor organization. <b>None - Trustee in Trust Fund</b>	

Enter appropriate data below II, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>N/A</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <b>N/A</b> 7.b. Amount. <b>N/A</b>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <b>Anthony L. Hurd</b>	On <b>3-31-06</b> <b>(216) 283-4593</b> Date Telephone Number

Name of Person Filing	Anthony L. Hurd	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Plumbers Local No.55 S.U.B. Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 980 Keynote Circle</p> <p>City Brooklyn Hts., Ohio 44131-1801</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Plumbers Local No. 55 S.U.B. Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 980 Keynote Circle</p> <p>City Brooklyn Hts., Ohio 44131-1801</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Multiemployer Taft Hartley trust fund providing supplemental unemployment benefits to members of a labor organization</p>
	<p>11.b. Approximate dollar value of such dealing. unknown</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Reimbursed expenses and lost wages</p>
	<p>12.b. Amount. \$1,070.64</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>N/A</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>PLUMBERS UNION LOCAL NO. 55 SUPPLEMENTAL UNEMPLOYMENT FUND 980 KEYNOTE CIRCLE BROOKLYN HEIGHTS, OHIO 44131</b>		1 Rents \$	OMB No. 1545-0115 <b>2005</b> Form 1099-MISC		Miscellaneous Income
		2 Royalties \$	3 Other income \$		
PAYER'S Federal identification number <b>34-1269418</b>	RECIPIENT'S identification number <b>296-48-4252</b>	4 Federal income tax withheld \$ <b>0.00</b>	6 Medical and health care payments \$		Copy A For Internal Revenue Service Center  File with Form 1098.
RECIPIENT'S name <b>ANTHONY L. HURD</b>		5 Fishing boat proceeds \$	7 Nonemployee compensation \$ <b>1,070.64</b>		
Street address (including apt. no.) <b>3151 LIVINGSTON</b>		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code <b>CLEVELAND, OHIO 44120</b>		10 Crop insurance proceeds \$			
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	11 	12 		
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$ <b>0.00</b>	17 State/Payer's state no. <b>51-614664-4</b>	18 State income \$	

Form 1099-MISC

15-0331690

Department of the Treasury - Internal Revenue Service

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March 24, 2006

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor - Management Standards  
200 Constitution Ave. NW Room N 5119  
Washington, D.C. 20210



To whom it may concern:

Enclosed is the completed form LM 30. Thank you for attending to this.

Very truly yours,

Anthony Hurd  
3151 Livingston  
Cleveland, OH 44120

A handwritten signature in black ink that reads "Anthony J. Hurd". The signature is written in a cursive style with a large, sweeping initial "A".